

**Student Intern Malpractice Insurance Audit Form (MN State Colleges & Universities Only)
2011 - 2012**

All MN State Colleges & Universities have Medical and Allied Health Specialties Programs. Frequently, the hospitals, clinics and other organizations receiving these interns require evidence of Medical Malpractice Insurance. We believe that we can achieve a lower insurance cost by combining all the programs into a single policy.

In order to complete the renewal process and/or to add any new programs, we need to have an audit of the participating students in the various programs. The form below identifies a large number of health specialties. There may be some programs not mentioned that still have patient contact or where an exposure exists. If you have any questions you may contact the Risk Management Division at either 651-201-2593 or 651-291-2591 for help determining the appropriate category or if special attention is needed. The number of students indicated should be the number of students expected for each course of study over a twelve (12) month period. The number is annualized so if 400 students are expected during the fall semester and 400 in the spring semester, 400 is used for rating purposes, not 800. If you have special training sessions where the course lasts only a day or a couple of hours instead of a quarter or semester, please report the number of students enrolled in these sessions at any one given time.

Please use the "other" category for programs that are not listed below. For any new programs, we will need a copy of the course curriculum.

The Memorandum of Insurance for Student Intern Medical Malpractice Liability can be viewed and printed online. You, and those requesting evidence of insurance, can access the document by logging onto:

www.marsh.com/moi?client=3489

If you have any questions, do not hesitate to contact the Risk Management Division.

- 1) **OFFICIAL NAME OF SCHOOL** _____
PERSON TO CONTACT AT SCHOOL _____
TELEPHONE () _____
WE DO NOT NEED THIS COVERAGE _____
HAVE YOU HAD ANY CLAIMS? _____ **NO** _____ **YES (If yes, please specify):** _____

The number of students indicated is the number of students in each course of study over a twelve (12) month period of time. The number is annualized so if 400 students are expected during the fall semester and 400 in the spring semester, 400 is used to determine the premium, not 800. If you have special training sessions where the course lasts only a day or a couple of hours instead of a quarter or semester, please report the number of students enrolled in these sessions at any one given time.

- 2) We desire to insure the students of the Allied Health Specialties checked below and have included the number of students in each course of study. The rate for these courses of study is \$11.05 per student.

_____ Adult Nurse Practitioner	_____ Dietician	_____ Nurse Educator
_____ Aide	_____ EEG Technician	_____ Nuclear Medical Technologist
_____ Art Therapist	_____ EKG Technician	_____ Occupational Therapist
_____ Athletic Trainer	_____ Enterostomal Therapist	_____ Optometric Technician
_____ Audiologist	_____ Fire Technician	_____ Optometrist
_____ Bio-Medical Technician	_____ Fire Tech & Admin.	_____ Orthopedic Assistant
_____ Blood Bank Technologist	_____ Geriatric Nursing Assistant	_____ Personnel/Guidance Counselor
_____ Cardiology Technician	_____ Histologic Technician	_____ Pharmacist
_____ Certified Laboratory Assistant	_____ Hospital Pharmacist Technician	_____ Physical Therapist
_____ Central Services Materials Mgmt.	_____ Hemodialysis	_____ Physical Therapy Assistant
_____ Chemical Dependency	_____ Human Services Tech	_____ Post-Master Certification - Nursing
_____ Child Care Assistant Programs	_____ Interpreters for the Deaf	_____ Psychologist
_____ Child Develop. and/or Family Serv.	_____ Laboratory Aide	_____ Radiology Technician
_____ Clinical Laboratory Technologist	_____ LPN/LVN	_____ Recreational Therapist
_____ Clinical Nurse Specialist	_____ Marriage & Family Counselor	_____ Registered Nurse (RN)
_____ Community Health	_____ Massage Therapist	_____ Rehabilitation Assistant
_____ Cosmetologist	_____ Medical Assistant	_____ Respiratory Therapist
_____ Critical Care Specialist	_____ Medical Laboratory Technician	_____ Respirator Therapy Technician
_____ Culinary Arts	_____ Medical Record Administrator	_____ Senior Exercise Therapy
_____ C.O.T.A.	_____ Medical Technologist	_____ Social Worker
_____ Dance Therapist	_____ Medical Technical Assistant	_____ Speech-Language Pathologist
_____ Dental Assistant	_____ Music Therapist	_____ Surgical Technologist
_____ Dental Hygienist	_____ Nurse Administrator	_____ Venipuncture
_____ Dental Laboratory Technician	_____ Nurses Aide	_____ Veterinary Technician
_____ Diagnostic Medical Sonographer	_____ Nursing Assistant	_____ Other, include a copy of the curriculum and explain: _____

- 3) Coverage is also available for the following Allied Health Specialties. However, if these occupations comprise more than 25% of the total number of students applied for in this application, in a given school, coverage is denied. The rate for these courses of study is \$11.05 per student.

_____ Circulation Technician	_____ Perfusionist	_____ Surgeons Assistant
_____ Emergency Medical Technician (EMT)	_____ Physician Assistant	_____ Criminal Justice
_____ Paramedic	_____ Physician Extendor	_____ Other, include a copy of the curriculum and explain: _____
_____ Cytotechnologist		

0 Total

Signature: _____
Title: _____

Date: _____